

DATA ON THE EDGE

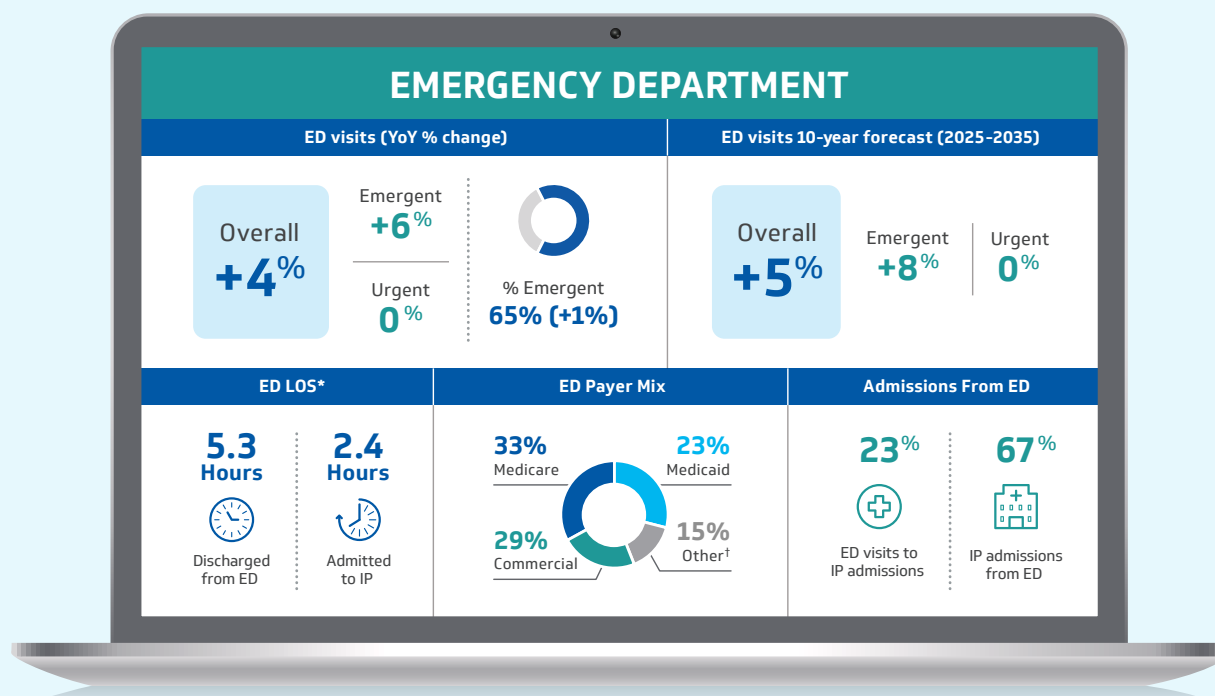
October 2025

Emergency department readiness: navigating rising acuity and coverage shifts

Emergency department (ED) patient acuity is continuing to rise in 2025. Building on our 2024 Data on the Edge report [Emergency Department Patient Acuity Will Not Abate in the Future](#), this year's update confirms growing ED patient acuity and the increasing need for operational and strategic readiness. As volumes for emergent visits increase and urgent cases remain stable, health systems must prepare for greater complexity in ED care delivery.

Leveraging Vizient's clinical, operational and demand projections, this refresh features an updated performance dashboard (Figure 1) and detailed analyses to guide resource optimization for a growing ED population that requires more specialized care and is more likely to be admitted for inpatient (IP) services.

Figure 1. Emergency department performance management



*Patients discharged from ED only. †Other includes self-pay and uncompensated care. Note: Analysis excludes 0-17 age group. 0% indicates the forecast is flat (less than ±1%). Year-over-year (YoY) = Q3 2023-Q2 2024 to Q3 2024-Q2 2025. All other time periods = Q3 2024-Q2 2025 unless otherwise noted. Emergent = CPT codes 99284, 99285, 99291, G0383, G0384, G0390; urgent = CPT codes 99281, 99282, 99283, G0380, G0381, G0382. Sources: Data from Vizient Clinical Data Base used by permission of Vizient, Inc. All rights reserved; Impact of Change®, 2025; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2021. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2025; Sg2 Analysis, 2025.

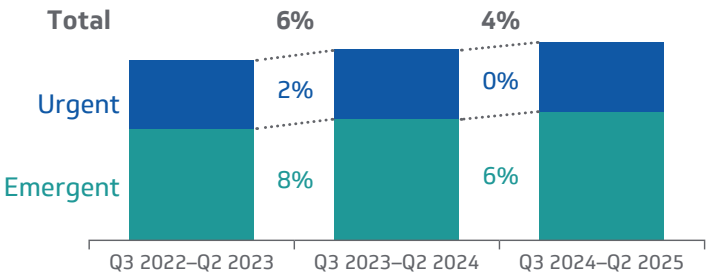
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Historical trend: Emergent visits growing and urgent visits slowing

While adult ED visits have risen over the last three years, the growth rate has slowed from 6% to 4% year-over-year. Over the next decade, ED volumes are projected to grow by 5%, largely driven by rising clinical acuity and barriers to timely care access.

A closer look at visit types (Figure 2) reveals divergent trends: emergent visits increased by 6% while urgent visits remained flat over the past four quarters compared to the previous year. Emergent cases accounted for 65% of all ED visits from Q3 2024 to Q2 2025. While urgent visits have stabilized, continued efforts to redirect low-acuity patients to alternative care sites remain essential to improving ED throughput and preserving capacity for higher-acuity cases.

Figure 2. Emergency department visit trends, 2022–2025



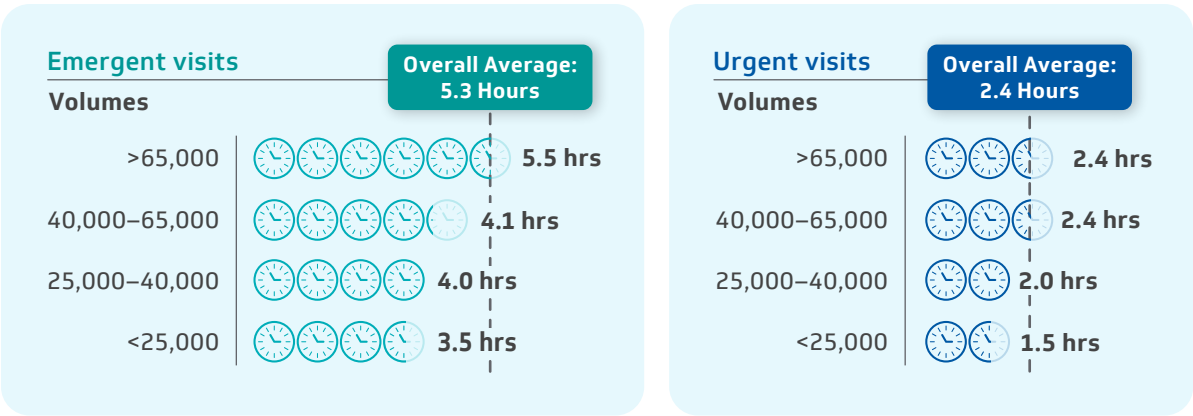
Note: Analysis excludes 0–17 age group. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Implications of ED length of stay trends

The ED average length of stay (ALOS) is a critical performance metric that reflects both operational efficiency and care delivery effectiveness. Variation across volume cohorts and between emergent and urgent visits underscores throughput challenges and highlights the need for resource allocation considerations. As shown in Figure 3, ALOS for emergent visits notably remains 2.2 times higher than for urgent visits at 5.3 hours and 2.4 hours, respectively. Facilities with more than 25,000 annual visits consistently report longer stays than those with fewer visits. However, those with volumes between 25,000 and 65,000 still maintain an ALOS lower than the overall average. Understanding ED ALOS and identifying targeted strategies is critical to reduce delays, streamline patient flow and strengthen overall ED performance.

Evaluating ED throughput also requires understanding its interdependence with other areas of the hospital. While the percentage of ED patients admitted to inpatient care has held steady at about 23% over the past three years, the rise in total ED visits has driven a higher volume of admissions from the ED, with 67% of inpatient admissions in the most recent four quarters originating from the ED. These dynamics illustrate how ED ALOS is directly shaped by hospital-wide capacity, particularly in inpatient units’ capacity to meet admits from the ED, making cross-department coordination essential to managing flow and mitigating bottlenecks.

Figure 3. ED average length of stay by ED volume cohort, Q3 2024–Q2 2025

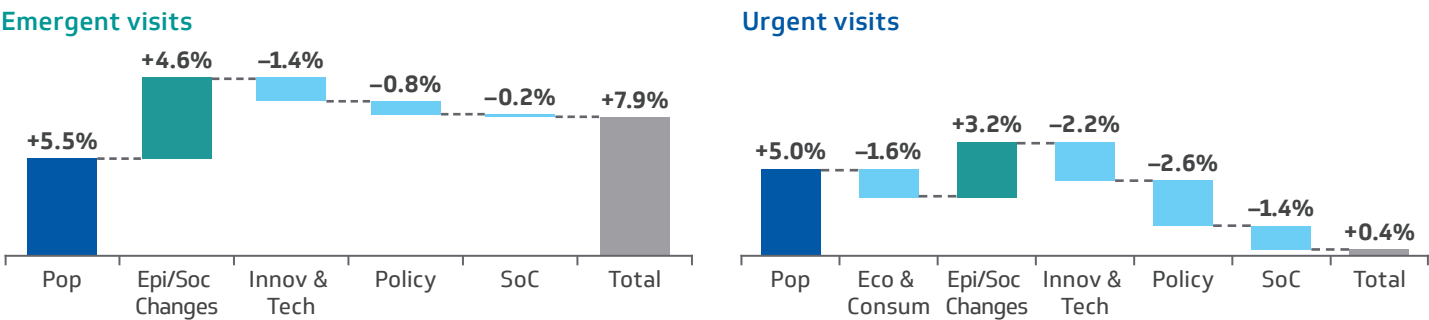


Note: Analysis excludes 0–17 age group. Emergent = CPT codes 99284, 99285, 99291, G0383, G0384, G0390; urgent = CPT codes 99281, 99282, 99283, G0380, G0381 G0382. Source: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Looking ahead: Factors impacting ED utilization

Over the next decade, ED utilization is expected to shift in both volume and type, with emergent visits projected to grow by 8% while urgent visits remain about the same. Population growth and epidemiologic factors, such as rising behavioral health needs and persistent health disparities, are key drivers of this growth across both visit types. At the same time, policy shifts, particularly those affecting public payer coverage, may create challenges in access.

Figure 4. Emergency department visit forecast impact factors, 2025–2035



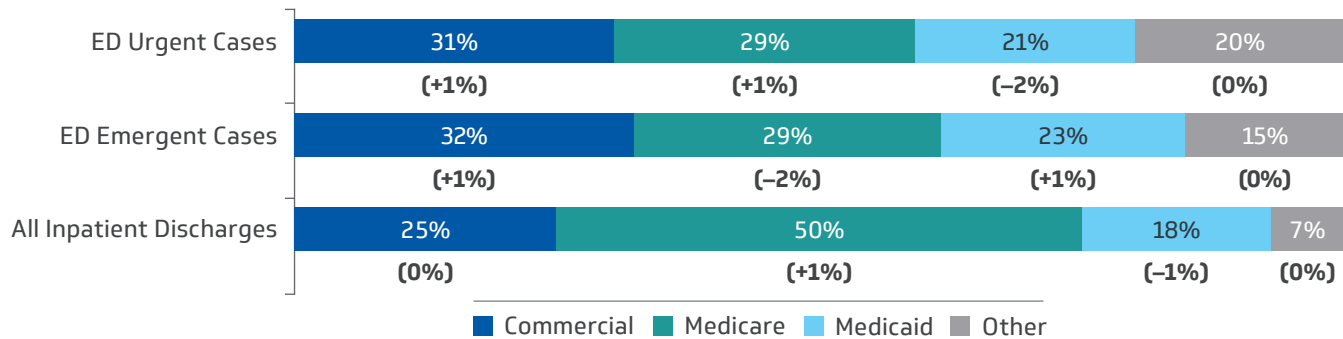
Note: The Systems of CARE (SoC) Impact Factor accounts for changes in utilization that result from efficiencies within the System of CARE. CARE = Clinical Alignment and Resource Effectiveness; Eco & consum = Economy and consumerism; Epi/soc = Epidemiology/sociocultural; Innov & tech = Innovation and technology; Pop = Population. Sources: Impact of Change®, 2025; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2025; Sg2 Analysis, 2025.

Figure 4 shows factors that affect the Sg2 Impact of Change® National Demand Forecast. However, the impact will vary by market, underscoring the need for hospitals to model scenarios locally. Understanding how changes in payer mix, policy and resource availability play out in specific markets will be critical to anticipate demand and shape strategies to manage future ED volumes effectively.

Trends in ED payer mix

Overall payer mix for ED visits, both emergent and urgent, stayed the same as last year, with 40% of visits covered by Medicaid and other coverage including self-pay and uncompensated care (see Figure 5). The payer mix difference between ED and all inpatient discharges is noticeable, specifically for Medicare, where Medicare patients represent 29% of ED visits but half of IP admissions. Commercial and Medicaid patients demonstrate a reverse utilization trend and represent a higher proportion of utilization in ED care (urgent and emergent) and a lower proportion in the inpatient setting. The payer mix trends will evolve as coverage shifts.

Figure 5. Payer Mix, Q3 2024–Q2 2025



Note: Analysis excludes 0–17 age group. % Change = Q3 2023–Q2 2024 vs Q3 2024–Q2 2025. Percentages may not add to 100% due to rounding. Emergent = CPT codes 99284, 99285, 99291, G0383, G0384, G0390; urgent = CPT codes 99281, 99282, 99283, G0380, G0381, G0382. Sources: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved.

Why it matters

The ED has always been and will continue to be a front door to the health system and a critical cornerstone for patient care. As patient mix changes and acuity continues to rise, the clinical care and operational models needed to support these changes require a thorough evaluation of utilization, performance metrics and future growth.

- Widen planning for operations and resource investment to look at the interplay between IP and ED. Assessing the capacity equation for both will help balance the impact of rising acuity and changes in patient mix to ensure the ED is adaptable and capable to mitigate emergency department boarding issues caused by lack of inpatient bed capacity.
- Redefine the ED within the broader ambulatory portfolio to improve lower-acuity access, such as implementing virtual triage, extending operating hours for urgent care centers and primary care clinics and increasing remote patient monitoring. Systems with a robust portfolio have already seen an accelerated decline in urgent ED volumes and a reduction of boarding in the emergency department. Depending on local market dynamics, systems may also need to strategize on the impact of market- and competitor-based freestanding EDs and microhospitals.
- Make use of alternative care sites, such as EmPATH units and behavioral health urgent care, to address local behavioral health needs and gaps and to manage access, decreasing the need for patient visits to the ED for behavioral healthcare.
- Improve coordination within the hospital walls, including inpatient and observation units, to alleviate upstream and downstream capacity constraints, accelerate speed to care, reduce ED length of stay and manage rising acuity within these units.
- Use advanced analytics and AI to anticipate surges, identify high-risk patients and optimize staffing and resource allocation. These capabilities improve ED reliability, reduce length of stay and support proactive care strategies.
- Understand the impact of social determinants of health for patients who use the ED as a primary access point. Connect patients with the appropriate resources to advance health equity and reduce repeat ED visits.

EmPATH = emergency psychiatric assessment, treatment and healing. Sources: Data from Vizient Clinical Data Base used with permission of Vizient, Inc. All rights reserved. Impact of Change®, 2025; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2021. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2025; Sg2 Analysis, 2025.

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To speak with one of our experts about emergency department and urgent care strategies, email membercenter@sg2.com.

POWERED BY VIZIENT DATA AND DIGITAL PLATFORM

This report's analysis leverages the following proprietary data and analytics assets.

Sg2 Intelligence is a diverse team of subject matter experts and thought leaders who represent specialties ranging from clinical service lines to enterprise strategy. The team develops strategy-specific content in the form of editorial reports, including the Data on the Edge series, and perspective-based analytics, such as the Impact of Change® forecast.

The **Vizient Clinical Data Base (CDB)** is the definitive healthcare analytics platform for performance improvement. The CDB provides high-quality, accurate and transparent data on patient outcomes such as mortality, length of stay, complication and readmission rates and hospital-acquired conditions. The data enables hospitals to benchmark against peers; identify, accelerate and sustain improvements; reduce variation and expedite data collection to fulfill agency reporting requirements. Clinical benchmarking tools such as dashboards, simulation calculators and templated and customizable reports enable you to quickly identify improvement opportunities and their potential impact.

The **Sg2 CARE Grouper** is Sg2's proprietary methodology that organizes data across all sites into standardized, clinically relevant categories. It amalgamates ICD-10 diagnosis codes into clinically pertinent disease categories, which are then organized into broader service lines and service line groups. It also groups ICD-10 codes and CPT/HCPCS procedure codes into inpatient and outpatient procedure categories, respectively. These categories facilitate a standardized approach to tracking patient volumes and service utilization seamlessly across inpatient and outpatient settings. The Sg2 CARE Grouper is foundational for our analytics offerings and serves as a stand-alone product that health systems rely on to manage their organizational data efficiently.

The **Sg2 Impact of Change®** model forecasts demand for healthcare services over the next decade, examining the cumulative effects and interdependencies of key impact factors driving change in utilization. Using both disease-based and DRG-based analyses, the forecast provides a comprehensive picture of how patients will access inpatient and outpatient services along the continuum of care.

HCPCS = Healthcare Common Procedure Coding System.

The Vizient Data on the Edge series team includes Brianna Motley, Catherine Maji, Eric Lam, Beatrice Gaturu and Sg2 Creative Services.

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